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DUANE MORRIS LLP
 IP DEPARTMENT (TSMC)
 30 SOUTH 17TH STREET
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Maria E. Provecio

(Depositor's name)

Maria E. Provecio

(Signature)

April 16, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,075	12/30/2003	Wei-Linn Lin	N1085-00231	6889

TITLE OF INVENTION: METHOD FOR REPAIRING OPAQUE DEFECTS ON SEMICONDUCTOR MASK RETICLES [TSMC2003-053]

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	04/27/2007 TBESHAH2	\$1700	04/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501	1400.00 DA	041679 10748075
VALENTIN, JUAN D		2877	430-005000	02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Duane Morris LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TAIWAN SEMICONDUCTOR MANUFACTURING
 COMPANY

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

HSIN-CHU, TAIWAN R.C.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mark J. Marcelli

Date April 16, 2007

Typed or printed name

Mark J. Marcelli

Registration No. 36,593

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Attorney Docket No.: N1085-00231
TSMC2003-0532



FACSIMILE TRANSMITTAL SHEET

In re application of: **Wei-Lian Lin, et al.**

Examiner: **Juan D. Valentin**

Serial No.: **10/748,075**

Group Art Unit: **2877**

Filed: **12/30/2003**

Confirmation No.: **6889**

For: **METHOD FOR REPAIRING OPAQUE DEFECTS ON SEMICONDUCTOR MASK RETICLES**

To: Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE NUMBER: 571-273-2885

CONFIRMATION

TELEPHONE:

FROM: Mark J. Marcelli

DIRECT DIAL: 619.744.2243

DATE: April 16, 2007

TOTAL # OF PAGES:
(INCLUDING COVERSHEET)

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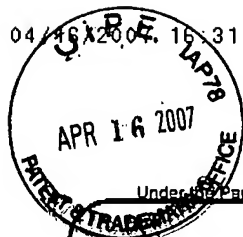
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/748,075
	Filing Date	12/30/2003
	First Named Inventor	Wei-Lian Lin
	Art Unit	2877
	Examiner Name	Valentin, Juan D.
Total Number of Pages In This Submission	Attorney Docket Number	N1085-00231

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTOL-85 Part B - Fee(s) Transmittal for Issue Fee Payment (If duplicate)
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Firm Name	Duane Morris LLP		
Signature			
Printed name	Mark J. Marcelli		
Date	April 16, 2007	Reg. No.	36,583

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Signature			
Typed or printed name	Maria E. Provencio	Date	April 16, 2007

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